



## Low Income Rental Unit Application

Little River Band of Ottawa Indians  
Housing Department

### PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS COMPLETELY

The Little River Band of Ottawa Indians Housing Department has low income rental units available at Aki maadiziwin in Manistee, Michigan. There is a waiting list for all of our housing units. Timeliness of selection depends on the availability of housing units. Unfortunately, we are unable to offer emergency housing.

We require that you update your application every twelve (12) months. If there are changes in address, income or family composition it needs to be reported immediately. Applications that are not updated annually will be deemed inactive and the applicant's name will be removed from the waiting list. We ask that you inform the Housing Department in the event that you would like to remove your application from consideration.

The application must be complete and all required forms submitted before it will be considered for selection. Further in this application is a list of documentation that is needed to make your application complete. Failure to supply all information required will delay the process of your application.

When a home is available, the Housing Department Director reviews all completed applications which would apply to the particular unit. Tenant selection is based on the following criteria.

- The need for housing
- Family Composition
- Income Eligibility
- Tribal Membership of Head of Household or minor children
- Documented Native American Heritage
- Satisfactory Criminal Records check
- Satisfactory Credit Records check
- Acceptable Landlord References
- All situations being equal, the date of application will be used as a deciding factor
- For the ADA-compliant homes, the Housing Department may consider the nature and extent of the disability.

### INCOME ELIGIBILITY

The household income for low income rental units must be within the maximum income guidelines to be eligible for the homes. The household income for Tribal housing units must be at income levels sufficient to meet rental and utility payments. The household's annual income may not exceed the applicable Low Income limit established by HUD. Annual income may not exceed 80% of the United States median income. Please reference Chapter 1: Section 3. Eligibility Criteria.

You must meet the income guidelines listed below.

Family Size	Maximum Income
1	\$ 33,400
2	\$ 38,150
3	\$ 42,900
4	\$ 47,700
5	\$ 51,500
6	\$ 55,300
7	\$ 59,100

The Little River Band Housing Department has regulations to make safe, sanitary and uncrowded dwelling accommodations available to Tribal members of low income within the reservation. All units will be inspected by the Little River Band Housing Department at least every six (6) months.

If you have any questions or need assistance completing the application you may contact the Housing Department at (231) 723-8288. Please return your application along with the supporting documentation to: Little River Band Housing Department 375 River Street, Manistee, Michigan 49660.

We cannot accept faxed application materials.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Housing Dept. Personnel Initials: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Tribal ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Please list names, addresses and phone numbers of two friends or relatives who can generally contact you:

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** Please list the head of household and all other individuals who will be living in the unit. Give the relationship of each household member to applicant. Social Security Numbers must be listed for all household members.

Name	Relationship	Birth Date	Age	Sex	Social Security #	LRB Tribal #

Little River Band Housing Department conducts criminal background checks on all household members.

Have you or any household member ever been convicted of felony criminal sexual conduct?

a. If yes, who? \_\_\_\_\_

b. When? \_\_\_\_\_

c. Where? \_\_\_\_\_

What was the conviction? \_\_\_\_\_

\_\_\_\_\_

Have you or any listed household members been convicted of drug-related or violent crimes?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Have you or any listed household member been involved, charge or convicted of any criminal activity?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Are you being evicted? \_\_\_\_Yes \_\_\_\_No      Have you ever been evicted? \_\_\_\_Yes \_\_\_\_No  
If "yes" you must provide a copy of the eviction notice.

Are you current on  
monthly payments of: Utilities \_\_\_\_Yes \_\_\_\_No      Telephone \_\_\_\_Yes \_\_\_\_No  
Loan Payments \_\_\_\_Yes \_\_\_\_No      Credit Card Payments \_\_\_\_Yes \_\_\_\_No

Will all household members reside in the home year round? \_\_\_\_\_

Do you anticipate any changes in the household within the next year? \_\_\_\_\_

**Please provide the following information for landlords you have rented from in the past:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Rented      From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Rented      From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Rented      From \_\_\_\_\_ To \_\_\_\_\_

Does anyone live with you now who is not listed on the previous page? \_\_\_\_Yes \_\_\_\_No

If yes, please explain: \_\_\_\_\_

Do you plan to have anyone living with you who are not listed on the previous page? \_\_\_\_Yes \_\_\_\_No

Is the head or spouse of this household handicapped or disabled and receiving SSI? \_\_\_\_Yes \_\_\_\_No

If yes, please explain the nature of handicap or disability: \_\_\_\_\_

Is a child of this household handicapped or disabled and receiving SSI? \_\_\_\_Yes \_\_\_\_No

If yes, please explain the nature of handicap or disability: \_\_\_\_\_

Are you applying for residency in a low income unit which is ADA equipped? \_\_\_\_Yes \_\_\_\_No

If yes, have you submitted the required Reasonable Accommodation Verification? \_\_\_\_Yes \_\_\_\_No

## HOUSING STATUS

How many people live in your home now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

What is your current monthly rent amount? \_\_\_\_\_

For each of the following that you pay, please provide a monthly average dollar amount.

\$ \_\_\_\_\_ Heat ( \_\_\_\_\_ Natural Gas, \_\_\_\_\_ Oil, \_\_\_\_\_ Bottle Gas, \_\_\_\_\_ Electric, \_\_\_\_\_ Other)

\$ \_\_\_\_\_ Electric (Name of Supplier: \_\_\_\_\_)

\$ \_\_\_\_\_ Water & Sewer

\$ \_\_\_\_\_ Garbage Pick-up

Have you or any member of your family ever lived in Tribal Housing? \_\_\_\_\_

If yes, when? \_\_\_\_\_ What was your rent per month? \_\_\_\_\_

Reason for vacating the premises? \_\_\_\_\_

Did you leave on good terms? \_\_\_\_\_

Why are you looking for housing with the Little River Band of Ottawa Indians Housing Department?

\_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever lived in government-subsidized housing? (i.e., Section 8, Section 236, Section 221 9d) (3), Farmers Home Administration subsidized housing) If yes, when and where?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever committed fraud with respect to any tribally or federally subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your current housing condition? Please explain in detail.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently homeless or living in substandard housing? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been (or are you about to be) displaced from your housing? If yes, please explain the reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own a car? \_\_\_\_\_ 1). Make: \_\_\_\_\_ Year: \_\_\_\_\_ License # \_\_\_\_\_

2.) Make: \_\_\_\_\_ Year: \_\_\_\_\_ License # \_\_\_\_\_

Have you or any household member ever been convicted of any crime other than traffic violations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

a. If yes, who? \_\_\_\_\_

b. When? \_\_\_\_\_

c. Where? \_\_\_\_\_

What was the conviction? \_\_\_\_\_

\_\_\_\_\_

Do you or any household member have any current legal proceedings pending? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any household member ever used any name(s) or Social Security number other than the one currently being used? If yes, who and what name and/or Social Security Number? (this would include maiden name or a name from a previous marriage)

\_\_\_\_\_

\_\_\_\_\_

**INCOME**

For each type of income that your household receives, give the source of the income, the address, and the amount that can be expected from that source during the next 12 months.

IF YOU RECEIVE CHILD SUPPORT PAYMENTS, PLEASE PROVIDE COUNTY, MAILING ADDRESS & PAYEE INFORMATION.

Name	Source of Income	Name & Address of Agency or Employer	Monthly Amount
			\$
			\$
			\$
			\$
			\$

**ASSETS**

List all checking and savings accounts (including IRA's, Keogh accounts and CD's) of all household members, Including amounts disposed of in the past two years.

Name	Bank Name & Address	Account #	Interest Rate	Current Balance
			%	\$
			%	\$
			%	\$
			%	\$

List all stocks, bonds, trusts, pension funds and all other assets.

Type or Name of Asset	Current Value
	\$
	\$
	\$
	\$

Do you own a home or other real estate? \_\_\_\_Yes \_\_\_\_No

If yes, please explain: \_\_\_\_\_

**Expenses**

Do you pay for child care so a household member can work or go to school? \_\_\_\_Yes \_\_\_\_No

If yes, please give the name and address of the child care provider, the weekly cost and the name of the household member working or attending school: \_\_\_\_\_

Is any member of your household employed full time, part time or seasonally?	_____Yes	_____No
Does any member of your family expect to work during the next 12 months?	_____Yes	_____No
Does any member of your household work for someone who pays cash?	_____Yes	_____No
Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?	_____Yes	_____No
Does any member of your household now receive or expect to receive child support?	_____Yes	_____No
Is any member of your household entitled to child support that he/she is not receiving?	_____Yes	_____No
Does any member of your household now receive or expect to receive alimony payments?	_____Yes	_____No
Is any member of your household entitled to alimony that he/she is not receiving?	_____Yes	_____No
Does any member of your household receive or expect to receive public assistance?	_____Yes	_____No
Does any member of your household receive or expect to receive Social Security?	_____Yes	_____No
Does any member of your household receive or expect to receive income from a pension or annuity?	_____Yes	_____No
Does any member of your household receive regular cash contributions from individuals not living in your household or from any agency?	_____Yes	_____No
Does any member of your household receive income from assets, including Interest on checking or savings accounts, interest from dividends on certificates of deposit, stocks, bonds or income from rental property?	_____Yes	_____No
Does any member of your household receive or expect to receive earned income tax credit?	_____Yes	_____No
Does any member of your household receive or expect to receive any other income not disclosed above?	_____ Yes	_____ No
Does any member of your household receive or expect to receive a per capita payment?	_____ Yes	_____ No
Have you been provided with and read the Housing Commission Regulations which pertain to the tribally owned low-income rental units?	_____ Yes	_____ No

#### HANDICAPPED OR DISABLED HOUSEHOLDS ONLY

Do you pay for a care attendant for any equipment for the handicapped or disabled member(s) of the household or permit that person or someone else in the household to work? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

# Applicant Certification

I/We certify that the information given to the Little River Band Housing Department on household, composition, income, net family assets, allowances and deductions are accurate and complete to the best of my/our knowledge.

I/We understand that false statement or information is punishable under Federal Law. I/We also understand that false statement or information is grounds for termination of housing assistance and termination of tenancy.

If I/We have applied for residency in a tribally owned ADA-equipped home, I understand that I must provide to the Little River Band Housing Department a Reasonable Accommodation Verification executed by a health care professional on an annual basis which certifies to my ongoing disability.

X \_\_\_\_\_  
Signature of Applicant Date

X \_\_\_\_\_  
Signature of Co-Applicant Date

When submitting this application, please provide the following documents:

- \_\_\_\_\_ Copies of Social Security Cards for all household members
- \_\_\_\_\_ Copies of updated Tribal cards for all Tribal Members
- \_\_\_\_\_ Copies of all drivers licenses for each family member eighteen years of age or older
- \_\_\_\_\_ Income verification (Wages, FIP, Social Security, Child Support, etc.) for the last four weeks
- \_\_\_\_\_ Copies of the last three months of all bank account statements (checking, savings, loans, etc.)
- \_\_\_\_\_ The last two month's of utility bills
- \_\_\_\_\_ Copy of Unemployment / Workers' Compensation award letter
- \_\_\_\_\_ Copy of Social Security / SSI award letter
- \_\_\_\_\_ Reasonable Accommodation Verification Form (if applying for an ADA housing unit)

**YOUR APPLICATION WILL NOT BE FINALIZED UNTIL THESE DOCUMENTS ARE ON FILE!**



I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for the low income housing program. I further understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge, and I understand that my selection for Tribal Housing may be contingent upon the Housing Department being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in my eviction from any dwelling unit obtained from the Housing Department and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

#### **APPLICANT CERTIFICATION**

##### **GIVING TRUE AND COMPLETE INFORMATION**

I certify that all information provided on household composition, income, family assets, disability if applicable, and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

##### **REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION**

I know that I am required to report immediately in writing any changes in income and any changes in the household size and/or composition.

##### **REPORTING ON PRIOR HOUSING ASSISTANCE**

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

##### **NO DUPLICATE RESIDENCE OR ASSISTANCE**

I certify that the house will be my principal residence and that I will not obtain other Tribal or Federal Housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Department immediately in writing. I will not sublease my residence to any other individual.

##### **COOPERATION**

I know I am required to cooperate in supplying all information needed to determine my eligibility for housing assistance, or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in delays or termination of assistance and/or eviction.

##### **CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Tribal, Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Housing Department  
Director Signature \_\_\_\_\_ Date \_\_\_\_\_